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CONFIRMATION NO. 3659

SERIAL NUMBER 10/726,329	FILING OR 371(c) DATE 12/01/2003 RULE	CLASS 606	GROUP ART UNIT 3733	ATTORNEY DOCKET NO. 6683.75USU1
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/455,062 03/13/2003

** FOREIGN APPLICATIONS *****

none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

03/02/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	STATE OR COUNTRY MN	SHEETS DRAWING 11	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 4
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ADDRESS

43541

TITLE

Spinal access instrument

FILING FEE RECEIVED 946	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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